PLACE OF DEATH	STATE OF MARYLAND
County Kur	CERTIFICATE OF DEATH
	(3) Registration Dist. No. 250
Village or City (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Office ODING	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
M. Color or race 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH M9 4 - , 1934 (M96th) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1924 to 1924, that I last saw have alive on frame J 1924,
7 AGE If LESS than I dayhrs. ormin.?	and that death occurred on the date stated above, at 5 Mm. The CAUSE OF DEATH * was as follows:
BOCCUPATION (a) Trade, profession or July particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) yrs mos 6 ds.
9 BIRTHPLACE (State or country)	Contributory Chr. Intustical Hoffielles (Durstion) Leveral mos. ds.
10 NAME OF A R PROPERTY	(Signed) Musst Bris M. D.
OF FATHER (State or country) Ma	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Mesns of Injury and (2) Whether Accidental, Suicidal or Homicidal.
C. 12 MAIDEN NAME OF MOTHER LINES	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Truns- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea h? Former or usual residence
(Informant) (Illa Hayyair (Address) JM- Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Gift. Nan (1974
Filed 4/4 19254 Mr. Bries Registras	Larah G. Moore Middlelours.
16 to only one model and the characters	16 W Saveton St. Balto Dequesting V. S. Jos. 1. Leve.

1.5.110 1

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Deal-Spinner, (b) Collon mill; (a) Salesman. Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coul muc, etc. won-en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebros inal menin_itis"); Dinhlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid st_ted unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopncumonia (sccondary), Chronic interstitial nephritis, etc. "PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock, (secondary or intercurrent) affection need Whooping American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of lctanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJU.X cough; Chronic and consequences (e. g., sepsis, valvular heart disease, The contributory Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0503

Length of residence in city or town where death occurred yrs,mosds. How long in U.S. if of foreign birth?yrsmosds. How long in U.S. if of foreign birth?yrsyrsds. How long in U.S. if of foreign birth?yrs	1. PLACE OF DEATH	92-0	
Length of residence in city or town where seath occurred	County	Registration Dist. No. 2 d.:	2
Langth of residence in city or town where death occurred yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds. How long in U.S. if of foreign birth? yrs mos ds. How long in U.S. if of foreign birth? yrs mos dead of the date stand above at U.S. if of DEATH How long in U.S. if of foreign birth? yrs mos and State deceased to have done, as SPINNER, how foreign birth? Yrs mos deceased by the under the date stated above, at U.S. if yrs death is the have occurred on the date stated above, at U.S. if yrs mos deceased by the properties of importance were as follows: Yrs mos done, as SPINNER, how keeper, etc. How was done, as SPINNER, how keeper and the date stated above, at U.S. if death was done cocurred on the date stated above, at U.S. if death was done cocurred on the date stated above, at U.S. if death was done cocurred on the date stated above, at U.S. if you have cocurred on the date stated above,	Village or City Millington		Ward
(a) Residence: No. Multiplication of abode St., Malward. If nonresident give city or town and State	Length of residence in city or town where death occurredyrs		
(a) Residence: No. Multington Company C	2. FULL NAME alice Parows.		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) 5. If married, widowed, or divorced (HUSBAND of (or) WIFE of OR) Where of Date of BIRTH (month, day, and year) 7. AGE Years MEDICAL CERTIFICATE OF DEATH MANY 1. DATE OF DEATH MANY 1. DATE OF DEATH MONTH MO	(a) Residence: No. Millington 12		ate
OR DIVORCED (write the word) 18	PERSONAL AND STATISTICAL PARTICULARS		
22. I HEREBY CERTIFY, That I attended deceased HUSBAND 19 4, to MEMY 19 4, to MEMY 19 4, death 19 4, to MEMY 19 4, to MEMY 19 4, death 19 4, to MEMY 19 4, death 19 4, to MEMY 19 4, death 19 4, to MEMY 19 4, to MEMY 19 4, death 19 4, to MEMY 19 4, to MEMY 19 4, to MEMY 19 4, death 19 4, to Memory 19 4, to Memory 19 4, to Memory 19 4, to MEMY 19 4, to	OR DIVORCED (write the y	vord) Pray 12-	193 4
S. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWER, BOOKKEFER, etc. 9. Industry or business in which work was done, as SIK MILL, SAN MILL, BANK, etc. 10. Date deceased last worked at this occupation/grouph and year) 11. Total time (years) spent in this occupation/grouph and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME All BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME All BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Date of injury, 19. Accident, suicide, or homicide? Date of injury, 19. Where did injury occur? (Specify city or town, country and State)	a. If married, widowed, or divorced		(Year)
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: State or country Stat	(or) WIFE of Wife Benjamin Br	22. April 28 1934 to May 19 -	ceased from
1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation contrary occupation and year) 2. BIRTHPLACE (city or town) Kent Co- Mod (State or country) 13. NAME April Co- Mod (State or country) 15. MAIDEN NAME April Co- Mod (State or country) 16. BIRTHPLACE (city or town) Kent Co- Mod (State or country) 16. BIRTHPLACE (city or town) Kent Co- Mod (State or country) 17. MAIDEN NAME April Co- Mod (State or country) 18. BIRTHPLACE (city or town) Kent Co- Mod (State or country) 19. Maiden Name April Co- Mod (State or country) 19. Maiden Name April Co- Mod (State or country) 10. Date of injury occur? 10. Date of injury occur? 10. Date of injury occur?	DATE OF BIRTH (month, day, and year)	I last saw h 12 alive on May 12 1934;	death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which saw work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation Land occupation Land occupation Land year) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. MAIDEN NAME 18. MAIDEN NAME 19. Maiden NAME 19. Maiden NAME 19. Maiden NAME 19. Maiden NAME 10. Date of injury 19. Maiden NAME 10. Date of injury 19. Maiden NAME 10. Date of injury 10. Date of injury 10. Date of injury 11. Total time (years) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. Maiden NAME 18. Maiden NAME 19. Maiden NAME 10. Date of injury 19. Maiden Name of operation 19. Maiden NAME 10.			
8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation from the document of the company of the compan		nin were as follows: Or DEATH and related causes of importance	D.A 6
this occupation (month and year) This occupation (and occupation and year) Other Contributory Canses of Importance: Other Contributory Canses of Importan	8. Trade, profession, or particular kind of work done as SPINNER	(n. ALA) (G. KALANDOA)	L Mac
this occupation (month and year) This occupation (and occupation and year) Other Contributory Canses of Importance: Other Contributory Canses of Importan	SAWYER, BOOKKEEPER, etc.	Primary Course: Chravic endosarditis.	
this occupation (month and year) Other Contributory Canses of Importance: Other Contributory Canses of	9. Industry or business in which work was done, as SILK MILL,	T Cureo	
Other Contributory Causes of Importance: Other Contributory Causes of I		17:	
13. NAME Chorch Caliband 14. BIRTHPLACE (city or town) Kent Co- Manuel of operation	2. BIRTHPLACE (city or town) Kent Co. Md	Other Contributory Canses of Importance:	
What test confirmed diagnosis? What there an autopsy? 15. MAIDEN NAME Harde Parker 16. BIRTHPLACE (city or town) Kenth Ch What (State or country) Where did injury occur? (Specify city or town, county and State)		- Old age.	
What test confirmed diagnosis? What there an autopsy? 15. MAIDEN NAME Harde Parker 16. BIRTHPLACE (city or town) Kenth Ch Pha Accident, suicide, or homicide? Date of injury, 19. (State or country) Where did injury occur?	13. NAME CHOUL CHANG	V	
15. MAIDEN NAME Handle Farker 16. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? From State an autopsy? Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State)	14. BIRTHPLACE (city or town).		
Where did injury occur? (Specify city or town, county and State)			opsy?
Where did injury occur? (Specify city or town, county and State)	15. MAIDEN NAME FACEL ACTION		mo
(Specify city or town, county and State)	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
V. INFORMANT	7. INFORMANT Husband		E. no
(Address)			
8. BURIAL, CREMATION, OR REMOVAL Place Charles Date May 22, 1937 Nature of injury	(01) 0 00	0.34	
9. UNDERTAKER Sacal Green Mary (Address) 24. Was disease or injury in any way related to occupation of deceased? With the control of the co			rs
20. FILED May 19, 197 Me Min (Signed) Jas, W. Urre (Address) Jas, W. Urre		(Signed) Jas, W. Urre	7 en /

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mcchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BARRELI V K	1		3 3
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

H	UNF	ppli	term
	WITH UNF	efully su	in plain
	N. B.—WRITE PLAINLY,	mation should be carefully suppli	CAUSE OF DEATH in plain term
prt.	WRITE P	nation sho	CAUSE OF
V. S. No. 1	N. B.	-	

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Tent	Registration Dist. No. 223
Village or City Jock Wall Hold.	
(la. 163 40)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred whould be most	ds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME How. Justa Delegian)
(a) Residence: No. Fack Wall Mod.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Jenuale It will be idowed	(Month) (Day) (Year
ia. H. married, widowed, or diverced	V
(W) WIFE of Samuel & Coleman	22. HEREBY CERTIFY, That I attended deceased
DATE OF BIRTH (month, day, and year) Feb. 22, 1849	Hast saw h. 27 alive on May 4T5 1934; death is
. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
85 2 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	chronic mrocardilia Oata of
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	Cardiai Jaslurs
SAW MILL, BANK, etc.	
year) occupation 2	Other Contributory Causes of Importance;
2. BIRTHPLACE (city or town)	
(State or country) A-en Juersey	A 4
13. NAME Joseph If blica	arurin
14. BIRTHPLACE (city or down)	Neme of operation
(State or country) Herry Jersey	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Lebecca Settlemborth	23. If death was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19_
(State or country) Hew Janey	Where did injury occur?
7. INFORMANT Mrs. Schecea Scott	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Rock Hall Hd.	guan
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hesley (nage tay 9, 1934	Nature of injury
9 UNDERTAKER Marvin J. Williams	24. Wes diseese or injury In any way related to occupation of deceased?
(Address) Chestertown Mod.	If so, specify
	If so, specify (Signed) Cellurt G. Qurene

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis REC-	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage .	July 5,1927	Perilonitis	3 days ago
/ MUREAU	1		
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN

V. S. No. 1 N. B.—V

05084

1. PLACE OF DEATH	7/2	
County Steept	Registration Dist. No. 202	
Village or City to hestectown	NoSt.,War	d
Length of residence in city or lown where deeth occurred 52 yrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosd	e.
VI Wester 2		
2. FULL NAME PATTY / LUCY OF		
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED,	21. DATE OF DEATH	
male white married	(Month) (Dey) (Year)	
5a. If married, widowed, or divorced HUSBAND of	20 LUEDEDV CEDTLEY The Lawrence for	_ '
(or) WIFE of Mary Eugena M. Whorler	22. I HEREBY CERTIFY. That I attended deceased fro	im.
6. DATE OF BIRTH (month, vay, and year) Saw. 13, 1857	I last saw hum elive on Rusy 20 , 19.34; death is sai	oid
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at	
77 4 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	- 4
Trade profession or particular	Date or onse	
kind of work done, es SPINNER, Blacksmith	1 / 1 / 1927	1
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation/enough end spent in this	Cernaciono Graema /	
SAW MILL, BANK, etc		
10. Date deceased last worked et this occupation worked et year) 11. Total time (years) spant in this occupation 45 %		
Story	Other Cantributary Causes of importance:	
12. BIRTHPLACE (city or town) (State or country) Delaware		
13. NAME Levick Thirons		
13. NAME Leviel Hirons 14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country) Nilaware	What test confirmed diagnosis? Wes there en au'opsy?	
15. MAIDEN NAME Susic Office	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME USIC OFFICE 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19	
S (State or country) Nulaware	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT AND Mary & Numo	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Chester Cemetery Date 5/23, 19 30	Nature of Injury	
19, UNDERTAKER Cheldy disiller	24. Was disease or injury in any way related to oppupation of deceased?	9
(Address) Clestertour Md	How Touch N. Truith h	'N
20. FILED Dray 23, 19 3 4 W.J. Sheke	(Signed) (Address) Philadestown . R.R. M.	D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR F	URTHER	STATEMENTS	BY	PHYSICIAN
------------------	-------	--------	------------	----	-----------

PHYSI.	PLACE OF DEATH County Kent	STATE OF MARYLAND CERTIFICATE OF DEATH
F RECORD ated EXACTLY, operly classified	Village or City Millington (No	Registration Dist. No. 200 St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
RIS	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NENT NENT be st	male Bolored Single, married OR Divorced (Write the word)	16 DATE OF DEATH 3, 195 4
PER shou	6 DATE OF BIRTH July 12, 1901 (Month) (Day) (Year)	that Vlast saw h www alive on May 3, 1925
VED FOR THIS IS A ppiled. ACE erms so than a lnstruction	7 AGE 32 If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at
JARGIN RESERVI UNFADING INK1 uld be carefully sup F DEATH in plain ter very important. See	(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Yew Cv.,	(Duration) yrs mos d Contributory Guymar due to Jass Secondary (Duration) yrs mos d (Signed) LU Stack M. [
LAINLY, WITH Information sho state CAUSE O	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Muthur Wilmer 13 BIRTHPLACE OF MOTHER (State or Country) THE STATE OF MOTHER (State or Country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transents or Recent Residents) At place of death yrs, mos. ds.
No. 1 WRITE PL 3Every item of Clans should statement of 0	(Informant) Werbert Shusan (Address) Millington Md. P.D. Filed May 4. 1934 Dr. Brice Registrar	Where was disease contracted, if not at place of death?
S Z G	Service.	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) whatever, write Nonc. tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scruant, Cook, Housenaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, household only (not paid Housekeepers who receive a nature of the business or industry, and therefore an Physician, tion applies to each and every Statement of Occupation-Precise statement of ocfirst line will be sufficient, e. g., Farmer or Planter, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-(b) Colton mill; (a) Salesman. without more precise specification as Day Compositor, Architect, Locomotive engineer, (b) For persons who have no occupation Automobile foctory. The material -Coal mine, etc. Womperson, irrespective of 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." carbolic acid-probably sucide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicnemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease ingcs, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"Uracmia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic etc. The contributory rabrular Always qualify all heart not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PLACE OF DEATH

County Kint	CERTIFICATE OF DEATH
(a) (1)	Registration Dist. No. 200
Village or City Halt. (No	St.: Ward) (If death occurred a hospital or instition, give its NAME stead of street anumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Morth) (Day) (Year)
May 10 , 15 (Month) (Day)	17 I HEREBY CERTIFY, that I attended the deceased from 1974 to May (6, 197) (ear) that I last saw have alive on May (6, 192)
	S than and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duran pocued tra, mos.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)
10 NAME OF FATHER MM. MMMY	(Signed) Ment Truce M.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Training or Recent Residents) At place In the
(State or Country)	of death
(Informant) Wair Priges	if not at place of death? Former or usual residence
(Address) (Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 20, 19)
	20 LINDERTAKER ADDITESS

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesmon, should be used only when needed. As examples: (o) additional line is provided for the latter statement; if sary to know Physician, Compositor, Architect, Locomotive engineer Civil engineer, Stationary fromon, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screat, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taker definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm loborer, Laborerer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective or Foreman, first line will be sufficient, e.g., Farmer or Planter For many occupations a single word or term or or At Home, and children, not gainfully emwithout more precise specification as Day (b) Automobile factory. The materia (a) the kind of work and also (b) the -Coal mine, etc. Wom-(b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"), Typhoid fever (never report "Typhoid Pneumonia,"; Lobor pneumonia, Bronchopneumonia ("Pneumonia,");

letanus) may be stated under the head of "contributory." approved by Committee on carbolic acid-probably suicide. The nature of the injury as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL seplicucmia," "PUERPERAL perilonilis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonoeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway troinand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, ," "Marasmus," "Old Age," "Shock, Chronic volvular heart disease; etc. The contributory Nomenclature Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05038
1. PLACE OF DEATH	(93-c)
county Kest Co	Registration Dist. No. 203
Village or City Rock Hall	ND. St., Ward
(If Length of rasidence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?yrsmosds.
Latter P	a live ong in 0.0.11 of foldigh bitth:
2. FULL NAME South of easi	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female Dlack S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wildowed, or divorced HUSBAND of	21. DATE OF DEATH May 2/ 1934 (Year)
(or) WIFE of Meffin Pearce	22. I HEREBY CERTIFY, That I attanded decased from
6. DATE OF BIRTH (month, day, and year) about 1864	I last saw h alive on 19 ; daath Is said
7. AGE Yaars Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 8.2.20m.
Unknown - about 10 or min.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance ware as follows: Date of onset
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased last worked at this occupation (month and this proportion) and the same of the same o	with Myocarditis 1929,
10. Date daceased last worked at about 11. Total time (years) un- this occupation (month and year) cocupation this occupation to the cocupation to the cocup	
12. BIRTHPLACE (city or town) Lallot Co, Md (State or country)	Other Contributory Causes of Importance:
13. NAME Samuel Banks	
14. BIRTHPLACE (city or town) unknown	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 7 annie Seull 16. BIRTHPLACE (city or town) unbanown (State or country)	23. If death was due to external causas (VIOL ENCE) fill in also tha following: Accidant, suicide, or homicide?
17. INFORMANT Can Johnson (Addrass) Rock Hall mo	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Shaptows, Ind Date May 23, 19 5 3	Manner of injury
19. UNDERTAKER It H. Good (Address) Church Hill, md	24. Was disease or injury in any way related to occupation of deceased? 7/10
20. FILED May 23, 1934 Mrs. 7-13 Duraling	(Signate Le Podd, Carel M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	-1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
BUREAU O				

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH County Kent	Registration Dist. No. 202
Village or City Chestertown	NoSt.,War
Length of residence In city or town where death occurred	osds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME / Yorace & Kus	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WHENED, OR DIVORGED (write the word) Ranie	21. DATE OF DEATH 5 344 144 193 193 193 193 (Year)
5a. If married, widowed discreed HUSBAND of Mary Elizabeth Parks	1 HEREBY CERTIFY. That t attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If IESS than	I last saw h alive on Juny 15 1,1934; death is sai
7. AGE Years Affords Days of LESS than 1 dey, hrs	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, R. Engineer SAWYER, BDDKKEEPER, etc.	Chrom Bryle Data of once
kind of work done, as SPINNER. SAWYER, BDDKKEEPER, etc. SINdustry or business in which work was done, as STILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and	4
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Leenwood	Dther Contributory Canses of importence:
(State or country) plalacrace	
13. NAME Senj D Reed 14. BIRTHPLACE (city or town)	
(State of country)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Leorgiana Morgan	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Leorgiana Morgan 16. BIRTHPLACE (city or town) Cadeage (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mrs. Horace W. Reed (Address) Chestertown mil	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Charles Cemetery Date May 17, 1934	Manner of Injury
19. UNDERTAKER Chas. L. Modell (Address) Chasterbun md	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED May 16, 1934 W J Hicks Registrar.	(Signed) M. I

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II		
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of hopogrance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

D.

(Address)

(Address)

19. UNDERTAKER

18. BURIAL, CREMATION, OR REMOVAL

should state of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05090
1. PLACE OF DEATH County Kent	Registration Dist. No. 203
Length of residence in city or town where deeth occurred 42 yrsmos.	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)ds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ella Merrila Scoon (a) Residence: No. Rock Hall (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mull Married	21. DATE OF DEATH May 17 1934 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Scoon 6. DATE OF BIRTH (month, day, end year) April 1 1861 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end year) 11. Total time (years) about spant in this occupation 50 year.	22. I HEREBY CERTIFY. Thet I attended deceased from Africal 20 7 19 74, to May 17 7 19 74. I last saw h. Lo. alive on France 2 2 38 H.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Outer facilizes Other Contribatory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) (State or country)	Chronic Mylls 177 (ast: durations Conformation met stated conformation Date of
15. MAIDEN NAME Hery June Voiffice 16. BIRTHPLACE (city or town) (State or country)	What test confirmed diegnosis? Wes there en au'opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrary

Manner of injury

If so, specify

(Signed)

24. Was disease or injury in eny way related to occupation of deceased

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis PECEIVET	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
MUREAU V. S.				
Other contributory causes of importance:	5	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year ·	

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05091
1. PLACE OF DEATH	
County Kent	Registration Dist. No. 205
Village or City Fock Hall	NoSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	death occurred the a hospital of minitudin, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME albert Phirvey	
(a) Residence: No. Rock Kall	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	May 28, 1934 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from Was 2 i M. 19 W, to Mary 28 1, 19 W.
6. DATE OF BIRTH (month, day, and year) May 21 M 19 34	I last saw h in alive on Reset 2 6 19 14; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10.30 fm.
7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Premature
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work wes done, as STLK MILL, SAW MILL, BANK, etc. 10. Date decased lest worked at this occuration (month end) search in this	
10. Date deceased lest worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Pork tall	Other Coutributory Causes of importance:
(State or country)	Mann
13. NAME Harry Thirocu 14. BIRTHPLACE (city or town) Fairles	
14, BIRTHPLACE (city or town) Fairles (State or country)	Name of operation
C	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Rock Hall	23. If death was due to externat causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
E (State or country) 17. thformant Harry Skirver	Where did injury occur? (Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. thformant (Address)	
18. BURIAL, CREMATION, OR REMOVAL DELLA DATE MAY 28, 1984	Manner of Injury
19. UNDERTAKER Harry Sperron (father)	24. Was disease or injury In any way related to occupation of deceased?
20. FILED May 28, 1934 May 7 B Dusding	(Signed) Gebert G. Burgara M.D. (Address) Revolution Haal

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
manyar salar samasan salaban yan				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

B.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HH 2 1034			
Other contributory causes of importance: V.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

		10
A		PHYSI-
	RECORD	sted EXACTLY operly classificate.
INDING	ERMANEM	hould be state it may be pro
FOR E	IS A P	So that
MARGIN RESERVED FOR BINDING	H UNFADING INK-THIS IS A PERMANENT RECORD	should be carefully supplied. ACE should be stated EXACTLY, PHYSI-E CF DEATH in plain terms so that it may be properly classified. Exact is very important. See instructions on back of certificate.
MARGIN	TH UNFADIN	should be car E CF DEATH is very impor

STATE OF M	
	IARYLAND
CERTIFICATE	OF DEATH
)ist. No. 200
St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in stend of street and number.)
MEDICAL CERTIFICATE O	F DEATH
16 DATE OF DEATH May.	2 , 193 4 (Year)
and that death occurred on the date stated of The CAUSE OF DEATH * was as follows:	above, at 2.00A.m
(Durstion)	yrsmosda
Contributory Secondary (Durstion)	
(Signed)	M. D.
*State the Disease Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	or, in deaths from ury and (2) Whether
B LENGTH OF RESIDENCE (For Hospitalients or Recent Residents)	als, Institutions, Trans
of deathyrsmosds. State Where was disease contracted,	yrsds
Former or usual residence	DATE OF BURIAL
Glenwood Cem Songing.	may 4, 1934
Lu a. Tolin Son	millington m
t a T	Registration D St.: Ward) Ward) MEDICAL CERTIFICATE O 6 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That I atte 192 % to and that death occurred on the date stated of the CAUSE OF DEATH * was as follows: (Durstion) Contributory Secondary (Durstion) Signed) *State the Disease Causing Death, Violent Causes, state (1) Means of Injunction of Residents) At place of death At place of death Where was disease contracted, in the State of the place of death Commer of

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Luy laborer, Farm laborer, Luborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, gaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DISBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal menin, itis"); Disphheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of American Medical Association.) inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid st_ted unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "E:haustion," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy." "Collapse," "Com2," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), (secondar or intercurrent) affection need not considered unlose important. Example: Measles (disease Chronic interstitial nephritis, Whooping approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For VIOLENT DEATHS state MEANS OF INJULY as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Never report mere symptoms or terminal condicough; "Heart failure," "Inaemorrhage," Chronic etc. valvular heart disease; Always qualify all The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact statement of OCCUPA-

properly classified.

STATE OF MARYLAND	CERTIFICATE OF DEATH 05094
1. PLACE OF DEATH // 1	160
County /Cent	Registration Dist. No. 213
Village or City Rock Hall	NDSt.,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos,ds.
2 FILL NAME Les 5 Will.	
(a) Residence: Np. Balta, ma	St. Ward.
(d) Residence, ND. (Usbal place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 1. COLOR OR RACE 5. SINGLE, MARRIED, WINGHED, OR HYDRED, (write the word) THE STATE OF THE STATE OF THE STATE OF THE WORD)	21. DATE OF DEATH Than (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Ls. S. Williams	22. I HEREBY CERTIFY, Thet I attended deceesed from
6. DATE OF BIRTH (month, day, and year)	lest sew h alive on cal tottlee Lauf
7. AGE Years Months Deys If LESS than 1 day,hrs.	were as follows:
8 Trade profession or particular	Street & Carlot
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 1D. Date deceased last worked at this occuration (month and spent in this sec	Janualiate death 190
DD. Date deceased last worked at this occupation (month and year)	34
12. BIRTHPLACE (city or town) North Carolina (State or country)	Other Contributory Causes of Importance:
13. NAME IM 7 Williams 14. BIRTHPLACE (city or town) Of	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	Whet test confirmed diegnosis?
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external ceuses (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (State or country) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Polt. E. A., Williams (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Ballo Date Date 19	Manner of injury
19, UNDERTAKER Chas, L. Moddl. (Address) Chestestown Md.	Was disease or injuryon any way relate (to occupation of deceased? If so, specify
20. FILED May 10, 1934 Mrs. T.B. Lawalin Registrar.	(Signal) (Address) Pellester forest, M. D.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

V. S. No. 1

1 PLACE OF PEATH	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(92-0)
County	Registration Dist. No. 200
Village or City Bolema	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
0/-4-	me
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May 24 1934
5a. If married, widowed, or divorced HUSBANO of	(Mgn)) (Oay) (Year)
(or) WIFE of Carrie & Wilney	22. I HEREBY CERTIFY, Thet I attended deceased from May 24, 1934, to May 24, 1934
6. DATE OF BIRTH (month, day, end year) Sell 14 -1861	I last saw harman alive on May 17. , 184; death is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
8 10 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and control of the securation for the security of the securation for the securation for the security of t	On The state of
9. Industry or business in which	Silyanic Vannuar (1941)
work was done, as SILK MILL, SAW MILL, BANK, etc	
time occupation (month and 7/1 p / 1/1 and spont in this	
year)	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Scal- Co And	
(State or country)	
14. BIRTHPLACE (city or town) Sent-Co Mas	
14. BIRTHPLACE (city or town). Dent-co /nos	Name of operation Oate of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
I 15. MAIOEN NAME Weary Johnson	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME May Johnson 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT CAMPLE & Walnut (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Olived-Atell Date May 28-1934	Nature of injury
901 of Afrika	24. Was disease or injury in any way related to occupation of deceased?
19. UNOERTAKER (A) (Address) Shistin town Wide	If so, specify
74. 24 34 G. Dhus	(Signed) Level Jones M. D.
20. FILEO May 21, 1934 Feet Sus Registrar.	(Address) Tulina UM
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVI AND CEPTIFICATE OF DEATH

0500

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
5			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	-CERTIFICATE OF DEATH 05096
County Keech	202
Village or City Near Chealertin	Registration Dist. No. St., Ward
Length of residence in city or town where death occurred / vrs & mo	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?
2. FULL NAME William Welson	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH May 21 193 (Monty) (Day) (Year)
5a. Il married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) sulfanour 1880	, 13-23-, 10-25-
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date steted above, at
8. Trade, profession, or particular	were as follows: Date of onset
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this gocynation (month and this gocynat	
9. Industry or business in which	Paralyses as
work was done, as SILK MILL, Now.	the allest
O 10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) (State or country)	Other Coutributory Causes of importance:
LI 13. NAME	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an au'opsy?
T	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Profess Letter Check to	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL Place Alores Horn, Date Hay 31 1934	Manner of Injury
19. UNDERTAKER By and fulton (Address) Chilinia Ludy	Nature of Injury 24. Wes disease or injury in any way related to occupation of deceased?
20. FILED May 31, 1934 W.J. Steeks Registrar.	(Signed) Oha" WW haland M.D. (Address) Oh relection med
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1 44			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE (OF MARYLAND-	-CERTIFICATE OF DEATH	
1. PLACE OF DEATH		(220)	15097
County Kerel		Registration Dist. No.	01
Village or City Kenne	dyville Tred	ND.	Ward
Laneth of residence in city.	./.	If death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city of town where	death occurred yrs mo	ds. How long In U.S. if of foreign birth?	mosds.
2. FULL NAME UNAS	gares ch	zabeth Willank	
(a) Residence: No.	/	St., Ward.	
PERSONAL AND STATIST	(Usual place of abode)	If nonresident give city or town an	d State
3. SEX 4. COLOR OR RACE		MEDICAL CERTIFICATE OF DEATH	
61- 24	or Divorced (write the word)	21. DATE OF DEATH analy	100 4
5a If married widowed or diversed	- married	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Helthered	22. HERENY CERTIFY, That I attended	d daceased from
(6), 111261	roowie	Copar 28 1934,0 May 1	19 34
6. DATE OF BIRTH (month, day, and year)	cua 9 /86/	I last saw h elive on 19	; death is said
7. AGE Yaars Months	Days If LESS than	to have occurred on the date stated above, at 130 As M.	
72 8	2 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	12.
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Carebral Leen	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased lest worked at this occupation (month and		orrhage	afer
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	House wife		28
10. Dete deceased lest worked at	11. Total time (years) spant in this	-	34
this occupation (month and year)	spant in this		
30	manne Co	Other Contributory Causes of importance:	1
12. BIRTHPLACE (city or town) (Stata or country)	<i>C</i> 40		
13. NAME Charles In	· horan		
14. BIRTHPLACE (city or town) Zee	Carrier P.	Name of a self-in-	
(State or country)	manning. So	Name of operation Data of What test confirmed diagnosis? Was there an	
15. MAIDEN NAME Catherine	In carry		
16. BIRTHPLACE (city or town)	0.1	23. If daath wes due to external causes (VIOLENCE) fill in also the followin Accidant, suicide, or homicida?	
(State or country)	maryland	Where did injury occur?	
17. INFORMANT O + The	the sale	(Specify city or lown, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	ite)
(Addrass) Tem	redevillems		AUE.
18. BURIAL, CREMATION, OR REMOVAL	nd o	Manner of injury	
Place Crupton	Dete May 3 , 1935	Nature of Injury	
19. UNDERTAKER 13 17 ±	- ollarus	24. Was disease or injury in any wey related to occupation of daceased?	200
(Address)	Poul m	If so, spacify	
20. FILED MUT 3 1934	nelland	(Signed) (Signed)	M. D
20. 1120	Registrar.	(Addrass) Che Colle	
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